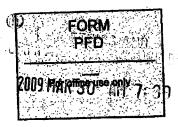
Mail to:		•
IECDB		
510 East	12th, Suite 1A	
	nes, Iowa 50319	
Or Fax:	515)281-4073	





Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

	Pe	rsonal Financial Disclosure Statement
Name: Lo	ri S. Adams	
		Please type or print legibly
Agency or	department:lov	a Workforce Development
Position hel	d: Division Ad	ministrator/Workforce Center Administration
Statewide (ffice sought (non	incumbent candidates only):
This staten This sta	ent is for Calend tement is requi	ar Year 20 ⁰⁸ . Check if this is an <u>amended</u> statement. red to cover the calendar year <u>preceding</u> the year the report is due.
General ins	tructions: Comple	e each of Parts A, B, and C below. Attach additional pages if necessary.
occupation	or profession in nature of each bu	pation, or Profession. By position or job title, list each business, which you were engaged during the previous calendar year, including the siness or employer. If you were not employed by anyone other than the held above check here.
1 2		
Part B. you received j	Income source yed <u>more than \$</u> of the holding is ointly with one or	s of more than \$1,000. In the categories below list each source from which 1000 in gross annual income during the previous calendar year. The amount not required to be listed. This includes the total amount of any income more persons exceeding \$1000. Do not report income received solely by your noers. A source is reportable if the gross income produced was subject to during the reporting period. If you have nothing to report under Part B check
1. Secui	rities. List any o	ompany in which you owned securities
1. Green	Pleins Renewable E	nergy
2		
<i>J</i>		

	as certificates of	deposit or savings accounts.
	•	
usts.	State the nature	or type of the trusts.
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	•	
eal Es	tate. List the na	ture of real estate interests including an interest from which income was
A fron	the selling of pr	operty. Do not list the location, address, or legal description
A. 1101	. a.s oomeg I	
ım nent	al property	
atimom	ant Systems	List the name of the employer/sponsor of any retirement benefit system.
CIII CII	ient Dysiems.	Link the hand of the strip-of
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